



## Arizona Soccer Association Membership Form

League Name: \_\_\_\_\_ Age Group U- \_\_\_\_\_ Division: \_\_\_\_\_  
Club & Team: \_\_\_\_\_  
Recreational = R  
Competitive = C

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: AZ ZIP: \_\_\_\_\_  
Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (circle one): Male, Female

Father's First & Last Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Best number to contact \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Mother's First & Last Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Best number to contact \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Legal Guardian First & Last Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Best number to contact \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
List any medical problems or prohibition of player: \_\_\_\_\_  
Person to notify in emergency: \_\_\_\_\_ Phone Number \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Doctor to notify in emergency: \_\_\_\_\_ Phone Number \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*\*This form may be reproduced; however, the information in the "IMPORTANT" section must be included.*



**IMPORTANT**

Players who transfer from one club to another club after November 1<sup>st</sup> will be ineligible for participation with the new club team in both Arizona Presidents Cup and State Cup for that seasonal year. A transfer is defined as the process by which a player changes club affiliation, moving from one club and re-registering to a team within a different club within the same seasonal year.

I, the parent/guardian of the below-named player, a minor, agree that I and the player will abide by the rules and regulations of the USYSA, its affiliated organizations and its sponsors (“USYSA Parties”). In consideration of the player’s participation in the soccer programs and activities of the USYSA Parties (“the programs”), I, for myself and the player and our respective heirs, administrator and successors, intending to be legally bound, hereby release and indemnify the USYA Parties, the owners and operators of the facilities used for the Programs, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages, or caused of action arising out of or in connection with the player’s participation in the Programs including, without limitation, player’s transportation to/from any Program which transportation is hereby authorized. I further grant the USYA Parties the right to use the player’s name, picture and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player’s status as a participant in the Programs.

Parent/Legal Guardian Print First & Last Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Print Player First & Last Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT (MINOR)**

As the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licenses Doctor of Medicine or Doctor of Dentistry This care ay be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ ZIP: \_\_\_\_\_

Phone (cell): \_\_\_ / \_\_\_ / \_\_\_\_\_ Phone (home) \_\_\_ / \_\_\_ / \_\_\_\_\_

**Medical Release Notary**

(recommended for In-State play,  
Required for out-of-state travel per ASA  
travel policy)

Subscribed and sworn to me this day of,

\_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year

My Commission Expires: \_\_\_\_\_